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VA 22313-1000

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Atty Docket No.: 437252001200

Inventor: Mark R. ALVIS et al.

Patent No.: 7,119,062 B1

Issue Date: October 10, 2006

Title: METHODS AND COMPOSITIONS FOR IMPROVED ARTICULAR SURGERY
USING COLLAGEN

Documents Filed:

Transmittal (1 page)

Request for Reconsideration (3 pages)

Copy of Request for Certificate of Correction, as filed on May 14, 2007 (7 pages)

COPY

Via: Express Mail: Airbill No. EM 021709930 US
Sender's Initials: KAB10/aac3

pa-1199626

Date: October 9, 2007



EM021709930US

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	Patent#: 7,119,062
		Filing Date	Issued: October 10, 2006
		First Named Inventor	Mark R. ALVIS
		Art Unit	1654
		Examiner Name	A. Mohamed
Total Number of Pages in This Submission	11	Attorney Docket Number	437252001200

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<ul style="list-style-type: none"> • Request for Reconsideration – 3 pages • Copy of the Request for Certificates of Correction, as filed on May 14, 2007 – 7 pages • Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

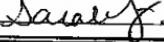
COPY

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer Number: 25226)		
Signature			
Printed name	Kimberly A. Bolin		
Date	October 9, 2007	Reg. No.	44,546

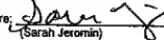
I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EM 021706930 US, on the date shown below in an envelope addressed to:
Attention: Decisions & Certificates of Correction Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: October 9, 2007

Signature:  (Sarah Jeromin)

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EM 021709930 US, on the date shown below in an envelope addressed to: Attention: Decisions & Certificates of Correction Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: October 9, 2007

Signature: 
(Sarah Jeromin)

Docket No.: 437252001200

(PATENT)

Client Reference No. 14.40359

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Letters Patent of:
Mark R. ALVIS et al.

Patent No.: 7,119,062 B1

Issued: October 10, 2006

For: METHODS AND COMPOSITIONS FOR
IMPROVED ARTICULAR SURGERY USING
COLLAGEN

REQUEST FOR RECONSIDERATION

Attention: Decisions & Certificates of Correction Branch
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicants hereby request reconsideration of the decision dated June 6, 2007 denying the request for Certificate of Correction.

A copy of the original Request for Certificate of Correction and proposed Certificate of Correction filed with the Office on May 14, 2007 are co-filed herewith. By virtue of this communication the Applicants respectfully request reconsideration of the original Request for Certificate of Correction and proposed Certificate of Correction.

REMARKS

As advised by the Office on August 1, 2007, the Applicants submit this Request for Reconsideration of the Request for Certificate of Correction with the requisite fee. As noted above, the Applicants include herewith a copy of the Request for Certificate of Correction and proposed Certificate of Correction that were filed with the Office on May 14, 2007 and hereby request that these be reconsidered at this time.

At the time of filing of the original Request and proposed Certificate of Correction, the Applicants also submitted a statement that certain errors were on the part of the Applicant and therefore the necessary fee set forth in 37 CFR 1.20(a) (\$100.00) was included with the May 14, 2007 filing.

In connection with the present request for reconsideration, please charge our Deposit Account No. 03-1952 (referencing docket number 437252001200) the amount of \$100.00 covering the fee set forth in 37 CFR 1.20(a).

The errors now sought to be corrected are inadvertent typographical errors, the correction of which is not believed to involve new matter or require reexamination.

Should the Office require additional information or clarification, it is encouraged to contact the undersigned at the number listed below.

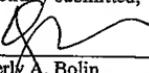
CONCLUSION

In view of the above, Applicants respectfully request reconsideration and grant of the Certificate of Correction.

In the event that additional fees are due, or, in the unlikely event that the transmittal letter is separated from this document and the Patent Office determines that any fee, an extension and/or other relief is required, applicant petitions for any required relief including extensions of time and authorizes the Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to Deposit Account No. 03-1952 referencing Docket No. 437252001200.

Dated: October 9, 2007

Respectfully submitted,

By 

Kimberly A. Bolin

Registration No.: 44,546
MORRISON & FOERSTER LLP
755 Page Mill Road
Palo Alto, California. 94304-1018
(650) 813-5740

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

Application Number	10/082,443 (Patent# 7,119,062 B1)
Filing Date	February 22, 2002 (Issued: October 10, 2006)
First Named Inventor	Mark R. ALVIS
Art Unit	1654
Examiner Name	A. Mohamed
Total Number of Pages in This Submission	7
Attorney Docket Number	437262001200

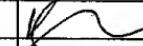
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> • Request for Certificate of Correction - 3 pages • Certificate of Correction - 1 page • Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

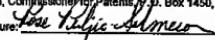
COPY

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer Number: 25226)		
Signature			
Printed name	Kimberly A. Bolin		
Date	May 14, 2007	Reg. No.	44,546

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 582593669 US, on the date shown below in an envelope addressed to:
Attention: Certificate of Correction Branch, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: May 14, 2007

Signature:  (Rose P. Salmeron)

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete If Known	
FEES TRANSMITTAL For FY 2007		Application Number	10/082,443 (Patent# 7,119,062 B1)
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	Feb. 22, 2002 (Issued: October 10, 2006)
		First Named Inventor	Mark R. ALVIS
		Examiner Name	A. Mohamed
		Art Unit	1654
TOTAL AMOUNT OF PAYMENT (\$)		100.00	Attorney Docket No. 437252001200

METHOD OF PAYMENT (check all that apply)

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<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 03-1952		Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)	Fee (\$)	Fee (\$)
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
HP = Highest number of total claims paid for, if greater than 20.					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CFR 1.16(g).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	0.00	Fee Paid (\$)

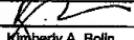
4. OTHER FEE(S)

Non-English Specification: \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1811 Certificate of correction

100.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44,546	Telephone	(550) 813-5740
Name (Print/Type)	Kimberly A. Bolin				
	Date May 14, 2007				

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 4918).		Complete if Known	
FEES TRANSMITTAL For FY 2007		Application Number	10/082,443 (Patent# 7,119,062 B1)
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	Feb. 22, 2002 (Issued: October 10, 2006)
TOTAL AMOUNT OF PAYMENT (\$ 100.00)		First Named Inventor	Mark R. ALVIS
		Examiner Name	A. Mohamed
		Art Unit	1654
		Attorney Docket No.	437252001200

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description	DUPLICATE COPY FOR FEE PROCESSING		Small Entity Fee (\$)
	Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)	50	25	
Each independent claim over 3 (including Reissues)	200	100	
Multiple dependent claims	360	180	

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
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HP = Highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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HP = Highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(C) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = _____ /50 _____ (round up to a whole number) x _____ = _____

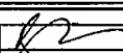
Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge), 1811 Certificate of correction

100.00

SUBMITTED BY		Registration No. (Attorney/Agent)	44,546	Telephone	(650) 819-6740
Name (Print/Type)	Kimberly A. Bolin	Date	May 14, 2007		

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Dated: May 11, 2007 Signature: 
(Rose Puffo-Salmeron)

Docket No.: 437252001200
(PATENT)
Client Reference No. 14.40359

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Letters Patent of:
Mark R. ALVIS et al.

Patent No.: 7,119,062 B1

Issued: October 10, 2006

For: METHODS AND COMPOSITIONS FOR
IMPROVED ARTICULAR SURGERY USING
COLLAGEN

REQUEST FOR CERTIFICATE OF CORRECTION
PURSUANT TO 37 CFR 1.322

Attention: Certificate of Correction Branch
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Upon reviewing the above-identified patent, Patentee noted typographical errors which should be corrected.

In the Claims:

In claim 12, column 17, line 63, please replace "and the anesthetic are in a ratio of from about 1:1" with --and the anesthetic are in a ratio of about 1:1--; and

In claim 18, column 18, line 9, please replace "concentration is from about 65 mg/ml." In claim 1 with --concentration is about 65 mg/ml--; and

In claim 30, column 18, line 44, please replace "are in a ratio of from about 3:1 to about 4.7:1." with --are in a ratio of from about 3:1 to about 4.7:1--; and

In claim 31, column 18, line 47, please replace "concentration of is about 4-30 mg/ml." with --concentration is about 4-30 mg/ml.--; and

In claim 74, column 20, line 41, please replace "non-crosslinked type I" with --non-crosslinked Type I--; and

In claim 98, column 22, line 21, please replace "The method of claim 74" with --The method of claim 97--.

Certain errors were in the application as filed by applicant; accordingly a fee is required. Please charge our Deposit Account No. 03-1952 in the amount of \$100.00 covering the fee set forth in 37 CFR 1.20(a).

The errors now sought to be corrected are inadvertent typographical errors, the correction of which does not involve new matter or require reexamination.

Transmitted herewith is a proposed Certificate of Correction effecting such amendment. Patentee respectfully solicits the granting of the requested Certificate of Correction.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our **Deposit Account No. 03-1952**, under Order No. 437242001200.

Dated: May 14, 2007

Respectfully submitted,

By 
Kimberly A. Bolin

Registration No.: 44,546
MORRISON & FOERSTER LLP
755 Page Mill Road
Palo Alto, California 94304-1018
(650) 813-5740

UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION

Page 1 of 1

PATENT NO. : 7,119,062
APPLICATION NO. : 10/082,443
ISSUE DATE : October 10, 2006
INVENTOR(S) : Mark R. ALVIS et al.

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

In claim 12, column 17, line 63, please replace "and the anesthetic are in a ratio of from about 1:1" with --and the anesthetic are in a ratio of about 1:1--; and

In claim 18, column 18, line 9, please replace "concentration is from about 65 mg/ml." with --concentration is about 65 mg/ml--; and

In claim 30, column 18, line 44, please replace "are in a ratio of from about 3.1 to about 4.7:1." with --are in a ratio of from about 3:1 to about 4.7:1--; and

In claim 31, column 18, line 47, please replace "concentration of is about 4-30 mg/ml." with --concentration is about 4-30 mg/ml--; and

In claim 74, column 20, line 41, please replace "non-crosslinked type I" with --non-crosslinked Type I--; and

In claim 98, column 22, line 21, please replace "The method of claim 74" with --The method of claim 97--

MAILING ADDRESS OF SENDER (Please do not use customer number below):

Kimberly A. Bolin
MORRISON & FOERSTER LLP
755 Page Mill Road
Palo Alto, California 94304-1018